© PARTMENT OF HEALTH AND HUMAN SERVICES  © EALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193
RANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE:
STATE PLAN MATERIAL		***
	0 2 0 1 6	MAINE
R: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: SECURITY ACT (MEDICAID)	TITLE XIX OF THE SOCIAL
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE(S)	
HEALTH CARE FINANCING ADMINISTRATION	12/02	
DEPARTMENT OF HEALTH AND HUMAN SERVICES  5. TYPE OF PLAN MATERIAL (CHECK ONE):		
o. THE OFF EAR MATERIAL (CHECK DIVE).		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE C	CONSIDERED AS NEW PLAN	X AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDA	MENT (Separate Transmittal for each	ch amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	• •
1902 (r) (2)	a. FFY _2003\$_ b. FFY _2004\$	\$28, 607 \$38, 143
PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT		
SUPPLEMENT 8A TO ATTACHMENT 2.6A, PAGE 9	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
	(, ),	•
10. SUBJECT OF AMENDMENT:		
PARTIAL DISREGARD OF INELIGIBLE SPOUSE INCOME IN SSI-RELA	ATED COVERAGE	
11. GOVERNOR'S REVIEW (Check One):		
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	COMMISSIONER, DEPT. O	F HUMAN SERVICES
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
13. TYPED NAME:	-	
Kevin W. Concannon	Eugene Gessow, Director	
14. TITLE:	Bureau of Medical Services	
Commissioner, Maine Department of Human Services	#11 State House Station	
15. DATE SUBMITTED:	Togus Complex	
December 31, 2002	Augusta, ME 04333-0011	
FOR REGIONAL OF		
17. DATE RECEIVED: December 31, 2002	18. DATE APPROVED: February 24, 2003	
PLAN APPROVED - ON		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL	OFFICIAL:
December 1, 2002	Richard R Mc know for M. Leoni	
21. TYPED NAME:	22. TITLE Acting Associat	
Margaret Leoni	Administrator, DMCH	
23. REMARKS	maine (02	-016)
	approved:	02/24/03
	effective,	12/0/102

Revision:

HCFA-PM-91-4

August 1991

(BPD)

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SUPPLEMENT 8a TO ATTACHMENT 2.6-A

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OMB No.: 0938-

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	Maine		
		THODS OF TREATING INCOME N 1902(r)(2) OF THE ACT*	
	Section 1902(f) State	X Non-Section 1902(f) State	

In determining eligibility for the group of individuals described at 1902 (a) (10) (A) (ii) (X), 1902 (a) (10) (C) (i) (III), 1905 (p), 1902 (a) (10) (E) (iii) and 1902 (a) (10) (E) (iv) (I) of the Social Security Act, disregard from the Income deemed from the ineligible spouse an amount equal to the Supplemental Security Income ineligible child allocation amount.



TN No. 02-016

Supersedes Approval Date: 2/2:4/03 Effective Date: 12/1/2002

TN No. \_\_\_\_\_

HCFA ID: 7985E